

Fond du Lac Area Foundation

George M. and Margaret E. Corcoran & Thomas and Catherine Fitzgerald Memorial Scholarship

I. SCHOLARSHIP PROGRAM:

A Fond du Lac Area Foundation, George M. and Margaret E. Corcoran & Thomas and Catherine Fitzgerald Memorial Scholarship is available to a Fond du Lac County resident who has expressed an interest in and the ability to obtain a degree in a medical field, including nursing. The eligible student should be currently enrolled or planning to enroll in college, be seeking a degree in a medical field, and have completed (or will have completed) a minimum of 60 college credits during semester of application. This scholarship was established by the bequest of Margaret E. Corcoran. It was Mrs. Corcoran's wish that this scholarship be made available to students who may not, for whatever reason, find scholarships available to them but who have expressed a desire and an aptitude for continued study in a medical field.

II SCHOLARSHIP GUIDELINES:

Scholarships will be awarded on the basis of the following student criteria:

1. Financial need
2. Community, school, and health related activities and involvement
3. Personal statement describing your career goals, the reasons for choosing your field, and how you plan to finance your education.

III. APPLICANTS MUST:

1. Have completed (or will have completed) a minimum of 60 college credits during semester of application.
2. Be a student who graduated from a Fond du Lac County high school and a legal resident of of Fond du Lac County.
3. Submit a most recent **CERTIFIED** college transcript. Applications without this requirement **WILL NOT** be considered.
4. Applications must be received or postmarked by April 15, and mailed to:

Fond du Lac Area Foundation
384 N. Main Street – Suite 4
Fond du Lac, Wisconsin 54935

Health Related Activities

Are you receiving any other scholarship aid or financial assistance? _____
(Please be specific/list amounts if known)

PERSONAL STATEMENT - Attach statement to application*

It should cover the following items:

- Describe the medical field you plan to pursue?
- Why do you wish to pursue a career in that field?
- How you plan to finance your education.

*400 words or less

Upon proof of enrollment, the scholarship check will be sent to the recipient - payable jointly to the recipient and the college of choice.

Decision of the Corcoran Scholarship Committee is final.

I hereby certify that the data I have submitted is correct to the best of my knowledge.

Signature _____

Date Submitted _____